

PRINTED: 02/14/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2011
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF FENTRESS CO		STREET ADDRESS, CITY, STATE, ZIP CODE 208 DUNCAN ST N JAMESTOWN, TN 38556		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation during the survey, it was determined the facility failed to maintain the night lights as required.</p> <p>The findings include:</p> <p>On 2/7/11, at 10:20 a.m., observation within the resident room 202 revealed the night light was not working. Tennessee Department of Health (TDoH) 1200-8-6-.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview of the survey on 02/7/11.</p>	N 832	<p>N 832 1200-8-6-.08(2)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1. Night light in room 202 was replaced.</p> <p>How will you identify other residents potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>2. 100% audit conducted on 02/07/11 and no other night lights were found to be not functioning. Night light inspection is part of daily maintenance safety rounds and any lights found defective are replaced.</p> <p>What measures will be put in place or what systematic changes you will make to insure that the deficient practice does not recur.</p> <p>3. Daily inspection of night light functioning is included in maintenance safety rounds. Housekeeping and nursing staff have been in-serviced on reporting any lights not working.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur: i.e. what quality assurance program will be put into place.</p> <p>4. Results safety light (night light) functionality will be reported at the monthly QA/QI meetings. Appropriate action plans will be developed for any issues that may arise.</p>	2/18/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6800

83FX21

TITLE

(X6) DATE

continuation sheet 1 of 1